

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   |          |        |          |
| O.I.P.E. CLASSIFIER |          |        | 09/12/97 |
| FORMALITY REVIEW    |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim          | Date   |
|----------------|--------|
| Final Original |        |
| 1              | ✓ 5/01 |
| 2              | ✓ 1/01 |
| 3              | ✓ 1/02 |
| 4              | ✓ 1/03 |
| 5              | ✓ 1/03 |
| 6              | ✓ 1/03 |
| 7              | ✓ 1/03 |
| 8              | ✓ 1/03 |
| 9              | ✓ 1/03 |
| 10             | ✓ 1/03 |
| 11             | ✓ 1/03 |
| 12             | ✓ 1/03 |
| 13             | ✓ 1/03 |
| 14             | ✓ 1/03 |
| 15             | ✓ 1/03 |
| 16             | ✓ 1/03 |
| 17             | ✓ 1/03 |
| 18             | ✓ 1/03 |
| 19             | ✓ 1/03 |
| 20             | ✓ 1/03 |
| 21             | ✓ 1/03 |
| 22             | ✓ 1/03 |
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| 25             | ✓ 1/03 |
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| 28             | ✓ 1/03 |
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| 31             | ✓ 1/03 |
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| Claim          | Date |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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